

## SPECIALTY GUIDELINE MANAGEMENT

### ARANESP (darbepoetin alfa)

#### POLICY

##### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

##### A. FDA-Approved Indications

1. Anemia Due to Chronic Kidney Disease  
Treatment of anemia due to chronic kidney disease (CKD), including patients on dialysis and patients not on dialysis.
2. Anemia Due to Chemotherapy in Patients with Cancer  
Treatment of anemia in patients with non-myeloid malignancies where anemia is due to the effect of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy.

##### B. Compendial Uses

1. Symptomatic anemia in patients with myelodysplastic syndromes (MDS)
2. Anemia in patients whose religious beliefs forbid blood transfusions
3. Symptomatic anemia in patients with primary myelofibrosis, post-polycythemia vera myelofibrosis, or post-essential thrombocythemia myelofibrosis
4. Anemia in patients with malignancy

All other indications are considered experimental/investigational and not medically necessary.

##### II. CRITERIA FOR INITIAL APPROVAL

Note: Requirements regarding pretreatment hemoglobin level exclude values due to a recent transfusion. All members must be assessed for iron deficiency anemia and have adequate iron stores or are receiving iron therapy before starting Aranesp. Members may not use Aranesp concomitantly with other erythropoiesis stimulating agents.

##### A. **Anemia Due to Chronic Kidney Disease (CKD)**

Authorization of 12 weeks may be granted for treatment of anemia due to chronic kidney disease in members with pretreatment hemoglobin < 10 g/dL.

##### B. **Anemia in Members with Malignancy**

Authorization of 12 weeks may be granted for treatment of anemia in members with malignancies.

##### C. **Anemia in Myelodysplastic Syndrome (MDS)**

Authorization of 12 weeks may be granted for treatment of anemia in myelodysplastic syndrome in members with pretreatment hemoglobin < 10 g/dL whose pretreatment serum erythropoietin (EPO) level is < 500 mU/mL.

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**D. Anemia in Members Whose Religious Beliefs Forbid Blood Transfusions**

Authorization of 12 weeks may be granted for treatment of anemia in members whose religious beliefs forbid blood transfusions with pretreatment hemoglobin < 10 g/dL.

**E. Anemia in Primary Myelofibrosis (MF), Post-polycythemia Vera MF, or Post-Essential Thrombocythemia MF**

Authorization of 12 weeks may be granted for treatment of anemia in primary myelofibrosis, post-polycythemia vera myelofibrosis, or post-essential thrombocythemia myelofibrosis in members who meet ALL of the following criteria:

1. Pretreatment hemoglobin < 10 g/dL
2. Pretreatment serum EPO level < 500 mU/mL

### III. CONTINUATION OF THERAPY

Note: Requirements regarding pretreatment hemoglobin level exclude values due to a recent transfusion. Members may not use Aranesp concomitantly with other erythropoiesis stimulating agents.

**For all indications below:** All members (including new members) requesting authorization for continuation of therapy after at least 12 weeks of ESA treatment must show a response with a rise in hemoglobin of  $\geq 1$  g/dL. Members who completed less than 12 weeks of ESA treatment and have not yet responded with a rise in hemoglobin of  $\geq 1$  g/dL may be granted authorization of up to 12 weeks to allow for sufficient time to demonstrate a response.

**A. Anemia due to Chronic Kidney Disease (CKD)**

Authorization of 12 weeks may be granted for continued treatment of anemia due to chronic kidney disease in members with current hemoglobin < 12 g/dL.

**B. Anemia in Members with Malignancy**

Authorization of 12 weeks may be granted for continued treatment of anemia in members with malignancies.

**C. Anemia in Myelodysplastic Syndrome (MDS)**

Authorization of 12 weeks may be granted for continued treatment of anemia in myelodysplastic syndrome in members with current hemoglobin < 12 g/dL.

**D. Anemia in members whose religious beliefs forbid blood transfusions**

Authorization of 12 weeks may be granted for continued treatment of anemia in members whose religious beliefs forbid blood transfusions with current hemoglobin < 12 g/dL.

**E. Anemia in Primary Myelofibrosis (MF), Post-polycythemia Vera MF, or Post-Essential Thrombocythemia MF**

Authorization of 12 weeks may be granted for continued treatment of anemia in primary myelofibrosis, post-polycythemia vera myelofibrosis, or post-essential thrombocythemia myelofibrosis in members with current hemoglobin < 12 g/dL.

### IV. REFERENCES

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10. NCCN hematopoietic growth factors. Short-term recommendations specific to issues with COVID-19 (SARS-CoV-2). National Comprehensive Cancer Network, Inc. Available at: [https://www.nccn.org/covid-19/pdf/HGF\\_COVID-19.pdf](https://www.nccn.org/covid-19/pdf/HGF_COVID-19.pdf). Accessed April 16, 2020.